

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIRECTIONAL SOLIDIFICATION OF A METAL

the specification of which is attached hereto, unless the following box is checked;

☐ in which case, an application was filed on _____ as Application No. _____ or PCT Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 19(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN / PCT APPLICATION(S)

COUNTRY/OFFICE	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Codes, Section 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION(S)

PROVISIONAL APPLICATION NO.

60/463,990

DATE OF FILING

April 19, 2003

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT international application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATION(S) OR PCT INTERNATIONAL APPLICATION(S)
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120**

Application Serial No.	Date of Filing	Status (check one)		
		Patented	Pending	Abandoned
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And I hereby appoint Philip O. Post, Esq., Registration No. 28,456, my attorney, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

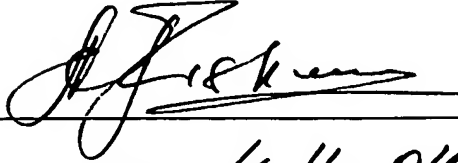
Address all correspondence to CUSTOMER NUMBER 31855, Philip O. Post, Indel, Inc., PO Box 157, Rancocas, NJ 08073. Address all telephone calls to Philip O. Post, (609) 267-9000 ext. 254 (telefax: (609) 267-5705).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR

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Inventor's signature: _____



Date: 4.14.04

Country of Citizenship: United States of America

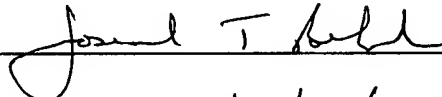
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